

# Personal Recommendation

---

## TO THE APPLICANT:

The Family Rights and Privacy Act of 1974 provides that certain educational records may be open to students at their request. The act also provides that in the case of recommendations, the institution may request, but not require, the student to waive his or her right to read confidential recommendations. Please indicate below whether or not you will waive your right to read the recommendation on this form and sign your name.

\_\_\_\_ I do \_\_\_\_ I do not \_\_\_\_\_ waive my right to read this confidential recommendation.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

## TO THE PERSON COMPLETING THIS REFERENCE:

Nyack College has selective admissions and has a personalized review process. Accordingly, the assessment staff will be viewing my academic records, including courses pursued, grades received and scores from standardized tests. They recognize that these alone cannot predict my personal and professional promise, and so I am asked to present one reference that is directed to my ability in the area listed below. I appreciate your willingness to complete this form.

How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

Please rate the applicant on the following qualities:

Initiative \_\_\_\_excellent \_\_\_\_above average \_\_\_\_average \_\_\_\_poor \_\_\_\_no chance to observe

Leadership \_\_\_\_excellent \_\_\_\_above average \_\_\_\_average \_\_\_\_poor \_\_\_\_no chance to observe

Responsibility \_\_\_\_excellent \_\_\_\_above average \_\_\_\_average \_\_\_\_poor \_\_\_\_no chance to observe

Integrity \_\_\_\_excellent \_\_\_\_above average \_\_\_\_average \_\_\_\_poor \_\_\_\_no chance to observe

Reaches goals \_\_\_\_excellent \_\_\_\_above average \_\_\_\_average \_\_\_\_poor \_\_\_\_no chance to observe

Social adjustment \_\_\_\_excellent \_\_\_\_above average \_\_\_\_average \_\_\_\_poor \_\_\_\_no chance to observe

Please give any additional comments that would help us to know this student \_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ Date \_\_\_\_\_

Please use the enclosed envelope when returning this form. We appreciate your prompt reply.